

The Visiting Nurse Quarterly of Cleveland

VOL. 3

April, 1911

No. 2



Editorials

The Youngest Profession

Every sincere friend of the nursing profession will read with the greatest interest Miss Crandell's truthful and earnest explanation of the nursing situation as it now stands, and of the opportunities which the present and near future urge upon it.

Can we do better than take stock of some of the differences and peculiarities which distinguish this youngest of professional callings?

In the first place, it is distinctly a profession inaugurated by women and for the greater part—technically speaking—exercised by them only. It is also a profession having its roots in a historic vocation of humanitarian

and highly altruistic origin, and, thirdly, it teaches a manual trade along with a theoretical education.

More than two thousand years ago the Jews insisted that their professional men should learn a trade. This was wisely made a law. The Apostle Paul studied with exceeding diligence to become a Rabbi, but he also applied himself to the task of learning to be a good tent maker. Later when he preached among strange peoples, he did not need to be a charge to them materially, but could support himself by his trade and give the doctrine to them so that it should be in every sense a gift.

Is it not possible that the work of the hands is the sign by which those who toil manually may best understand those who come to their aid?

When a nurse goes into a house and makes a bed, bathes a sick person, brings order out of confusion as a part of her ministrations, who shall say that she does not come nearer to the human need than if she entered only to question, investigate, reason or expound?

It may be that in the hand of this youngest of professions, so soon—if we may hope to see realized Miss Crandell's earnest words—to become one of the liberal professions, there has been placed the finest flower of perfect service—manual as well as spiritual helpfulness.

So may we not hope that during these past years, when all have been trying to understand the evolution of a calling so complex in its origins, that the very humility of some of its aspects may have worked into the body of it a very precious and saving element and one which will make it all the more worthy to receive and to use the extra grace of a liberal education.

Rural Nursing

For a long time we in Cleveland have asked ourselves how we might best make a beginning of that most needed branch of visiting nurse service—rural nursing. The article on rural nursing in this number of the Quarterly is an inspiration.

We feel thoroughly in sympathy with the way it is done in Connecticut and we like the wholesome natural manner in which the details of the work have been adjusted. The plan of visiting rich and poor alike, asking only that the need be a nurse in the home, and that the compensation be in proportion to the means, relates the service to the whole life in the section rather than to a part, a method which commends itself as fair and natural. It is strange that the visiting nursing of large centers does not often ramify out into rural districts, where the problem so often has to do with our very own people and where those who can often pay fairly well should also have service. But then, when one reflects on the condition of our big country, and how life and altruistic effort alike are sucked into the vortices of large cities, we may, perhaps, understand that it is difficult to plan a great program so that it shall be justly apportioned to the need.

The Unaccustomed Sense

We have all noticed at one time or another how easy it is to grow so accustomed to our surroundings that our eye is no longer conscious of the defects which it sees and of which we would be acutely aware in unfamiliar surroundings. The old adage of: "The new broom sweeps clean," is sometimes supposed to indicate that a newcomer either desires to eclipse a predecessor or to give an undue idea of his or her own zeal and efficiency. It may be, however, that this noticeable thoroughness comes from the fact that the unaccustomed eye sees better and therefore excites one to greater energy. Not only does the sense of vision undergo this process of adjustment to familiar defects, but the other senses are quite as accomodating to a lowering of their standard of requirement.

We all know what it is to step into a crowded car or ill ventilated waiting room and to feel a sense of indignation and physical revolt at such conditions. We also know that as the moments go by we become used to the

stale atmosphere even though it may occasion in us a feeling of dullness or even sickness. On entering a musty sleeping room where many persons have slept over night with closed windows, a physician or nurse may feel an almost intolerable repugnance which after even so short a time as half an hour will grow decidedly less. The "awareness" does not return with force until the visitor strikes the outer air again.

So too with sound. Could our ears possibly tolerate the unceasing and discordant noise of large cities unless the standard of hearing had insensibly adjusted itself to the lack of harmony and to the influence of quietness?

The "accustomed eye" finds a constant corrective when it is privileged to look into houses and public buildings where a high degree of order, sometimes even of beauty, is maintained, or when the familiar household is so ordered that a routine of cleaning and renewing automatically protects its inmates against any very great relapse into disorder or untidiness. But when homes are over crowded, where life oscillates between crowded work-rooms, and crowded sleeping-rooms, with little that is lovely or stimulating in the interval, the lowered vitality of perception ceases to be a protective agency and must contribute very much to a degeneration of ideals and decrease of effort against dirt and all other forms of unloveliness.

Our own unaccustomed and fresh senses brought daily into the midst of these neglected homes ought to constitute a very real source of inspiration and help. Indeed, is it possible to overestimate what this fresh sense of appreciation might be made to mean if we but knew how to use it to its fullest extent for the benefit of those who have become jaded by fatigue and by discouragement?

Perhaps the almost universal love of flowers so common to us all is one of the strongest weapons we have been given with which to combat ugliness and squalor. A pot of daffodils with the sunlight streaming through

leaves and blossoms, a window ledge filled with flowering geraniums—can the eye touch ever so swiftly the radiance of growth and bloom without kindling to keener and better vision?

We know how hard it must be to enter daily into homes where one feels almost helpless in the face of so much that wants doing to make things even partly right. Is there danger that the nurse, too, may become accustomed to the sight of poverty and disorder in such frequent contact that she, also, may lose something of the courage of the idealist who sees things as they ought to be, never as they are, and lives in the strength of this vision?

Remember the power and freshness of perception you have when you "first come in" and set this power free.

Rural Nursing in Connecticut

BY HENRIETTA VAN CLEFT.

Away in the northwestern corner of Connecticut, in the county of Litchfield, is the historic old township of Salisbury, with its glorious mountains and beautiful lakes.

About five years ago one of the residents of this township, having known the work of the Settlement Nurses in New York City, and also having seen the need of nurses out here among the hills, made it possible for the people of Salisbury to have a visiting nurse.



THE NURSE SELDOM DRIVES ALONE.

The work was started in February, 1906, and was the first real rural nursing in the state, though Connecticut was fortunate in having visiting nurses in a number of her cities and towns, and already had a State Visiting Nurses' Association.

When the nurse arrived no one here knew, except in a vague way, what she was to do; even the doctors were without light on the subject. But one, and that one with the

largest practice, was cordial from the first, and called upon the nurse only two days after her arrival, to help in an emergency operation.

At first it was supposed that the nurse was to care for the very poor only, but when calls came from the well-to-do and those who could pay moderate fees, it began to be understood that she was at the service of the community, and the work grew gradually, so that the first year's report showed that there had been 142 patients cared for, with 1,322 nursing visits in 92 families. These visits varied in length from ten minutes to nine days, the latter being at a case of ophthalmia neonatorum, where the nurse could stay, as it was in the first weeks when other cases were not pressing.

The nursing here is most fortunate in having as its sponsors two of the best loved of Salisbury's people, real neighbors and full of consecrated common sense. After four years the work had increased so much that a second salary was given, making it possible for two nurses to be in the field.

The "parish" consists properly of the three villages of Salisbury, Lakeville and Ore Hill, with the surrounding country, probably numbering about two thousand people in all. Ore Hill is a mining village, where the workers are largely Irish, Italian and Polish. Here is a very famous iron mine and many of the miners live in tiny dwellings perched about it, looking like bird-houses, and as if the first big wind would blow them all into the open pit. The nurses live in Lakeville, and in addition to the village work, drive to cases sometimes four, five and six miles in the country. The calls come from the doctors, the people themselves, or neighbors, and the nurses respond to all except contagious calls.

When there was but one nurse she was called at night in emergencies only, but now that there are two, one is often able to stay for a night to tide over in serious cases until a nurse comes to take charge of the patient, or until the patient is convalescent. By far the greater number of the

patients pay for the services of the nurses, the fees varying from ten cents to a dollar an hour, but the doctors know, as well as the people themselves, that the question of money need not stand in the way of any patient having the services of a nurse. The fees are used toward paying the running expenses of the nursing, the largest item being the livery. But we do not deem this an extravagance, for when the faithful old "Danbury" carries the nurse to give comfort to the patient, he also often takes a convalescent child, or a tired mother or some one needing a change, so it is seldom that the nurse drives alone. Last year's fees almost covered the actual expenses, but both expenses and fees vary with the years and are balanced by the generous "board." The nurses make a large number of friendly or social visits, and believe them often of as much importance as nursing visits when doctors' orders are carried out and actual nursing done.

For several winters we have had flowers for the patients each week and this has meant so much to the shut-ins and old people, as well as to those who were actually ill. A course of ten lessons in home nursing has been given for several winters and the nurses have great opportunities for preventive and constructive work which is so much needed in the country corners.

In the country, where there are no other resident professional nurses, one of the values of visiting nursing is that someone skilled is within call when emergencies arise in the homes of rich as well as poor. The work is full of interest and variety and there are many compensations for the lack of city interests and diversions.

In the morning the nurse may have a call to a cabin off in the fields, and her next visit may be in a home of wealth, miles away. She may have an Italian baby swathed and looking like a mummy for a patient one hour, and the next hour may find her in the mansion of an ex-governor.

In this district the patients have been of eleven nationalities and have furnished quite as many good stories as the nurses gathered on the East Side in New York.

Last autumn our Board offered a nurse for three months to a district to the east of us, on the other side of the "mountain called Difficulty," so hard was it for our nurses



CONTRASTS.

to reach patients there. A very experienced and excellent nurse undertook the work and the demonstration proved

most successful, so that at the end of the probation term the people decided that they could not do without the nurse, and the work was established by interested and benevolent residents.

Of the sixteen nursing centers in this state, five have rural nursing; of these latter several are supported by individuals, the others by associations.

To be an ideal rural nurse, it seems to me, the nurse should have some experience in district work as well as private nursing. A goodly sense of humor is most important, for there will be cold, raw days in winter, and deep mud in spring, and hot days in summer; she must love people and nursing and the country, and incidentally it will be well if she knows horses and how to drive.

One of her rewards will be the knowledge that the people who, perhaps, seem ordinary and commonplace to others, are heroes and heroines, for she has been with them in most difficult and trying situations and has learned to know that heroism is the ordinary and not the extraordinary quality of the human soul.

The Modern Demand for Nursing Education

By Ella Phillips Crandall

For fifty years and more the nursing profession has been striving almost entirely toward one goal, that of ever-increasing skill and intelligence in the care of the sick. In the United States its work has been largely confined to hospitals, sanatoria and private practice, but with a constantly growing demand for district nursing.

During the past decade, however, concurrent with and in large measure incident upon the great universal health movement, nurses have been called upon by the public everywhere to meet another intimately associated yet distinctly different service, viz.: the work of prevention rather than cure; of education along with relief. Thus very naturally and rapidly there has grown to be what may reasonably be considered two broad divisions in our service to society, the *clinical* and *social*; although in the minds of its great leaders who have shaped its principles and guided its practice the technical work of nursing has never been disassociated from the conscious obligation to teach and to prevent.

Assuming that everyone is familiar with most of the offices, chiefly of an executive character, to which an institutional nurse is eligible, it may be interesting to consider the comparatively new one of teacher of nurses, which, during the last few years has been constantly coming into greater prominence and is bringing with it the most encouraging promise we have ever had of thorough instruction in the training schools. Until a very few years ago practically all instruction was given to nurses by busy physicians, and, valuable as it was, inevitably partook of the character of detached and unrelated discussions, which were totally inadequate to the needs of students who were expected to become intelli-

gent and responsible assistants in the care of the sick. Advancement of knowledge and growth always come through thorough teaching, and as if with a new consciousness of this vital truth, the public has begun to realize, though tardily, that nurses as well as all others must have adequate preparation for their work, and calls are now coming from many sources for instructors.

As the foregoing development marks an epoch in the history of training schools, so also, it would seem that the significant fact that boards of managers are now asking for specially qualified nurses, as dietitians marks a change of almost equal importance to hospitals and their patients. What nurse can fail to know the value of a varied nursing experience to the woman who holds that difficult and important place? We have come to realize that the selection of our patients' diet is usually of more consequence than his medicine, and that the manner of its preparation is parallel to the skill with which his treatments are given. We believe now that we cannot say, "the duties performed in the ward are nursing and those in the kitchen are not." The nurse must indeed be a good housekeeper, and the hospital dietitian, who is a nurse, constantly finds occasion to draw upon her knowledge of nursing.

Passing now to the still newer field of District or Social Service Nursing, we may consider briefly some of the **most** recent avenues into which nurses are being called, after which, perhaps, it will be profitable to inquire into the character of their education and the consequent measure of their preparedness to assume these new responsibilities. Here again we find the organizations (whether philanthropic or municipal) that are employing Visiting Nurses, are with more and more insistence requiring them to have at their command a practical, common sense knowledge of dietetics and food economics, gathered, not alone from books and calculations, but from experience, such knowledge as their grandmothers and mothers employed without knowing the value of their

wisdom except in terms of health "units" which their simple well-prepared meals produced in those who were committed to their care. Constant criticisms are heard in high places because nurses are so deficient in this subject which is of such vital importance both to the health and the economic status of the families of small income. Nor is criticism unreasonable, for if the nurse, who may be in closer relation with the family than any other visitor (if indeed there be others) fails of this service, the poor, ignorant immigrants, for example, have little chance of learning even the first principles of foods and their preparation which, if known to them, would become their strongest ally against the ravages of their wretchedly unwholesome surroundings.

Lacking such guidance, what is more natural than that they should follow the line of least resistance? The Italian mother, who, in her own country has been in the habit of milking the goat at her door to supply her baby, finds no time and no reason for going to the store a block away to buy cows' milk at six to nine cents a quart when a push cart on the side walk will supply it with a banana, or a soda water stand with cheap candy or soda water. So long as the child is satisfied she is content. Moreover the delicatessen and the cellar store supply her with strange meats and vegetables of which she knows nothing. She accepts them as another unknown quantity of this foreign land without the least idea of their quality or how to prepare them. Is it not to be rightly considered as essential to good nursing that the woman whose duty is often to help overcome the ill effects of bad food badly prepared, shall also take pains and take time to teach that mother how and what to buy and how to cook it?

Surely every bedside nurse in the homes should be qualified to make this as much a part of her daily nursing care as she does the personal and house hygiene of her patient.

Not an immediate demand, but rather a serious problem of the immediate or near future may very possibly

be found in the present agitation for trained midwifery. It seems to present itself to the consideration of nurses especially, because if others than the medical profession are to share the obligation and responsibility of this great national service they may very logically be considered as the ones to do so for the reason that it would be an easy and natural accompaniment of their regular practice. Such a practice has been in operation in England and continental Europe for many years where more or less thorough courses of training (both theoretical and practical) of three months to two years are required and the practitioners are under stringent governmental control. American nurses have been rather reluctant to assume this responsibility and American physicians opposed to their doing so. It is somewhat generally claimed by the latter that no one should practice obstetrics without a full knowledge of medicine. Perhaps no one within the nursing profession is prepared at present to take issue with this judgment. Surely, if it does require such a liberal education to protect the greatest possible well-being of the mothers and the infants of the nation, then, by all means, everyone but physicians should be legally prohibited from the practice and that prohibition enforced. If, on the contrary, a more thorough study and more extended experience than is now designated should be required of nurses and midwives, it would seem that they might be competent to conduct entirely normal labors and to discover the symptoms of any departure from the normal conditions at which juncture the case would promptly become one for medical or surgical care. Surely all the traditions of the nursing profession would go to strengthen this fixed limitation of their practice of midwifery. A matter of such vast importance, including not only the practice itself, but the imperative need of governmental regulations and of suitable teachers and inspectors, should be given most exhaustive and unbiased study. Last November the National Association for the Study and Prevention of Infant Mortality appointed a special

committee whose duty it is to investigate every aspect of the question throughout the country and to submit a report at the next convention looking toward a national program concerning it. Since that time the city hospitals of New York have been opened for the training of midwives. The same national society is urging that nurses shall be represented by one of several standing committees in the campaign against infant mortality which is generally conceded to be the greatest single factor in the universal health movement; and even now (although less than two years old) second only to that against tuberculosis. Nurses engaged in this cause alone, have need of a broad and liberal education in various subjects other than those at present offered in most training schools.

In contrast to these, all of which require chiefly skilled nursing, is the vast field of tuberculosis and school nursing which is primarily a work of education. Already the school nurses in small cities and towns are being called upon to diagnose and treat minor diseases of the skin and eye; and even in the large cities, both health officers and staffs of medical inspectors are beginning to believe that they must depend upon the nurses for the care of such cases in order to free themselves for the more serious diseases which require all of their attention. Not all of the medical profession by any means have consented to place such measure of confidence in nurses. Some, indeed, are still fearful that their domain will be ruthlessly encroached upon; and, unfortunately, not without some reason if the offenses of individuals are to be charged against the profession as a whole. But may we not with propriety claim for nurses that which has been generally conceded to all people, that only out of a liberal education shall come wisdom? No poet or prophet has ever encouraged us to believe that we can gather that rare gift until we have first gotten knowledge; but, rather, we are told that "Knowledge comes but wisdom lingers."

The latest suggestion of all, perhaps (for as yet it has hardly become more) is that of teacher of hygiene in the public schools. To the adequately prepared nurse it must appeal as a wonderfully attractive opportunity; but adequate preparation will doubtless involve a thoroughly practical knowledge of anatomy, physiology, hygiene and psychology of childhood and adolescence; and not less of dietetics, of school sanitation and of various kindred topics. Physicians and teachers and sanitarians are frequently saying the nurses are naturally the most suitable persons for this splendid work; although with the warning that no one can fail to bring just criticism upon herself who assumes so great a responsibility before she has prepared herself to fulfill it.

Closely associated in the minds of thoughtful people with the teaching of hygiene is the practice of sanitary inspection as a suitable occupation for women and pre-eminently so for nurses. But, to prepare for its duties, the schools in England require two years of study and practice in hygiene and sanitation, house construction, plumbing and other related topics.

So far we have had under consideration only nurses who are working in cities. They may choose any one of these various avenues of public service; but what of the rural nurse who must be sanitary inspector, dietitian, teacher of hygiene and social worker as well as nurse to every home into which she enters?

It is quite generally conceded that even our cities' needs are less grievous than those of the vast districts such as the National Holman Association has recently organized to serve. We are all too little informed of the overwhelming need of rural nursing throughout the length and breadth of our country and especially in the isolated mountain districts. Those who listened to Miss Lydia Holman last winter felt it to be a matter of national shame that our own countrymen of pure Anglo-Saxon stock should have been so neglected that in a few generations they could have fallen so far below the stand-

ards of civilization that they have practically no schools other than those maintained by missionaries, and few reputable physicians, and therefore are victims of the most hideous malpractice both from those who call themselves medical men and those who do not. So ignorant are they of hygiene and sanitation that ten to twenty people are frequently found living in a two-room cabin with one window and subsisting chiefly on sodden corn meal and fat pork. Such a thing as recreation and play is undreamed of among them. Small wonder that they are besieged by hook-worm, mountain fever, tuberculosis and aggravated forms of indigestion and other diseases which call for the services of nurses!

It is not difficult to realize, even in the course of so brief a review as the foregoing, something of the suddenness and scope of the social and sanitary demands which are arising. Nor is it surprising that as a natural, if not inevitable result, there should have followed just the situation which manifestly exists today, i. e., that thousands of women of limited education and meager qualifications generally, being attracted by the alluring prospects of new and interesting work and good salaries, have poured into the training schools and, in turn, into municipal and private employ, until now the public is justly critical of, and the profession embarrassed by, their inadequate service. In order to understand this unfortunate condition of affairs and to protect the nurses themselves against undue criticism, we must look to the source of their preparation, the training schools, and back of the schools to the hospitals and hospital managers, and ultimately to the public itself most intimately concerned. Almost without exception the education of nurses has been made secondary to the interests of the hospitals in which they received their training. For many generations institutions have been richly endowed for the pursuit of medicine, but never has one school been fully endowed, so far as the writer knows, for the education of nurses. In consequence hospitals generally have ex-

ploited nurses in the way of insufferably long hours of practical work, insufficient and irregular theoretical studies, and, in case of the smaller institutions, such meager clinical opportunities as to hardly justify the term of service they were required to give in exchange for their training. (We would not be understood to favor short courses; but, on the contrary, would seek to insure an adequate provision of clinical experience by affiliation of schools and hospitals carefully grouped with this object in view.) The inevitable result has been low educational requirements for entrance and little or no attraction for the college bred or other woman of superior education, whose special attainments have been given little or no recognition when she entered a training school.

It has been equally true, although until recently less widely recognized, that nurses everywhere have suffered an astonishing lack of confidence and fellowship on the part of a great proportion of the medical profession. This fact has been largely responsible for the existence of a code of etiquette which has to a very considerable extent stifled self-expression on the part of nurses and has to a certain degree disqualified them for many of the new duties that are now calling for initiative and self reliance and independence of thought and action. The nurses of today, more than ever before, need just those qualities to prepare them to go into the social field and take their rightful place among the army of expert workers in activities so intimately interwoven with their own as to require the finest sort of co-operation and keenest discernment; and this with little or no direction from superior officers such as they always have in hospital service.

Is it too much to ask of those who sincerely believe in the need and the worth of nursing to give of their means in its behalf with the same generosity that has characterized their gifts to medical colleges and scientific laboratories and libraries? Such a school of nursing might be conceived to be organically related to a university and

affiliated with one or more hospitals wherein all necessary clinical experience could be obtained under definite regulations as to hours and character of service.

Under such conditions it would seem just to believe that curricula would be developed that might reasonably be accepted with credit by colleges. Such a course would, in all probability, attract large numbers of college women who are eagerly interested in the opportunities presented to the social nurse of today.

In this connection, it is perhaps, not untimely to suggest that such a school of the character just described might offer two courses, one as liberally scientific and technical as it is possible or practical to make it for the institutional and private nurse; and another into which would be introduced a considerable amount of such studies as sociology, economics, psychology (both general, social and that relating particularly to childhood and adolescence), hygiene and sanitation as substitutes for certain portions of the more technical course and for which credit would be given if previously pursued in college.

This latter course would manifestly lead to a diploma of **social** nursing and not qualify the recipient for advanced institutional work. Graduates of either of these courses would be admirably prepared for subordinate service in the fields of their choice; while for teaching and administrative responsibilities in either one, an advanced course would supply the requirements.

Does some one reply that all of this is very good for the future either near or far (and grant it may be near!) but what of the immediate imperative demand for thousands of women to meet the needs of today? In answer we would suggest that the training schools might consider the advisability of introducing into their present curricula a carefully arranged though elementary course of study in the general principles and procedures of district nursing. It would be desirable that it should be given as early as possible in the course, if such could be

done without undue sacrifice to other equally important subjects, in order that the students might learn from the beginning to regard their patients in their social relations rather than as isolated individuals or clinical "cases." Were it not for the almost certain danger that, under present management, the devotion of a portion of the senior year to field practice would be gotten at a very probable cost to the already low standards attained in most schools by reducing the quota per ward and thereby necessitating longer hours and lowered quality of work, it might be arranged that those pupils preparing for district nursing spend two to four months in the practice of general nursing and to special experience in the particular duties of some one of its various branches; while the nurse, preparing for institutional work would be specializing in surgery or obstetrical nursing or head nurse service, etc.

Here again the schools would naturally issue a suitable certificate; and presumably district nursing associations would not employ women who did not hold such evidence of special training in home nursing. A few schools have, for some years, been providing such opportunities for their students, the additional cost being maintained either by special endowment or by the institutions themselves; and in the main the results have been satisfactory. It is an interesting fact that in the Presbyterian Hospital, New York City, where, for seven years, such instruction has been given to a small number of each class who elected it, the results are clearly seen and felt in the wards in the nurses' attitude toward their patients. Both head nurses and students work in the closest relation with the social service department of the hospital. Thus, in this institution, practically every new student is introduced to ward service under the direction of an officer who presumably presents to her each patient (and the nurse's relation to him) as a member of society with individual needs and interests. She has daily opportunity to watch the effect of social interpretation

upon medical diagnosis and the results of combined clinical and social treatment. Therefore the young nurse gets her early social training in the true psychological and practical method of daily experience rather than in a few incomplete lectures; and out of her personal experience is prepared to properly value and apply the later instruction which she may receive at the close of her hospital service.

Through this experience, she very naturally comes to recognize the hospital, not as an institution within walls, having for its sole purpose the physical care of the sick, but rather as a social center of a well-defined district and so related to every other charitable agency (either municipal or philanthropic) that just as effective social treatment is secured as medical. Do we not catch in this the glimmer of a new idea regarding the relation of a hospital to student bodies as well as to communities? May we not look forward to a day when it shall be the recognized school house, not alone of doctors, but of nurses and midwives and dietetians and sanitarians and social workers—but the school master of none? Then, indeed, nurses might advisedly consider the lengthening of their educational courses to four years for those of their number who wished to specialize in any branch.

Because it may not at present seem wise or practical to introduce district nursing into the established course of the training school, a possible compromise might be considered whereby such a course of two to six months might be added at the close of the regular training and the school issue a separate certificate for it. It would seem essential to keep it under the supervision of a thoroughly trained social nurse who was an officer of the school, but the students would furnish their own living expenses unless special provision were made which would insure no inroads upon the training school's funds.

One other plan presents itself, i. e., that employed in England and Canada, where old and well established district nurse training centers are as regularly maintained as

are the training schools. A few such courses have been provided in the United States also, but they are of recent date and hardly well enough tested as yet to give reliable evidence that they can meet the newer demands of social nursing. But it is difficult to see any advantage either professional or economical in such a sharp line of cleavage between the two forms of schools, especially in these present times when the demand for socially trained nurses is fast rivaling that for institutional and private nurses. Moreover, it would seem that the rapid growth of hospital social service makes it ever more logical if not incumbent upon the training schools to prepare their students to give intelligent co-operation to their social staffs during their hospital service. It is almost if not quite certain that another decade will see all the leading hospitals, at least, sufficiently reorganized to accommodate the practical application of the social service idea in all their departments. Is it not doubtful if the training schools can develop and maintain the social spirit that so truly characterizes the time in which we are living if they fail to enlist to this extent in this splendid movement to strengthen the hospitals? If so, ought they not to begin at once to press the argument upon their boards of control that just as fast as social service becomes an integral part of a hospital, training therefor must become an integral part of the nurse's curriculum?

The call for intelligent educated and able nurses was never before so insistent and universal. The great health movement is going on.

Dr. Goler of Rochester, has recently said that "Just as the nineteenth century was the age of steam and electricity, so is the twentieth century the age of hygiene and sanitation."

Let the nursing profession be in the fore ranks of this twentieth century campaign which, having as its purpose the dissemination of a larger knowledge of the laws of health and the correction of conditions unfavorable to the observance of them, must be regarded as one

tremendous factor in the evolution of human betterment and social uplift.

Visiting Nursing—A Ministry of all the Talents

Ten years ago we used to say that Visiting Nurses were born not made, and that the number of nurses qualified to serve the poor in their homes was limited by nature. The essential truth in that saying has not been affected by the rapid development of social nursing, but time has proved that something very like the heaven-born gift is more often than not the fruit of experience. Like successful motherhood, it appears again and again upon demand, even when one may least expect it.

For another reason also, the type of a Visiting Nurse is not now held to be so unique as it once was. The field of her service has widened until it has become, in truth, many fields, whose occupation requires a wide diversity of special abilities.

The general district nurse is always a teacher, counting the instruction she gives during the care of her patients as quite one-third of her usefulness; but the nurses who go from tuberculosis dispensaries to try to make radical changes in family habits as almost the sole means of treatment, must have an exceptional educational attitude to their piece of work. Some skill in organizing a day so as to secure economy of time, with prompt care for patients who are very ill, is required of every nurse, as soon as she is placed in charge of a district; but organizing and executive ability of a high order is now demanded for the direction of many departments of social nursing, because the number of nurses in each special group is increasing almost as rapidly as the number of groups. All nurses need to make quick and keen observations; but positions as investigators wait for such as have peculiar penetration and a faculty for finding hid-

den causes. Tactless nurses, if there be any, need not apply for any position; but school nurses have need to wear tact as an enveloping mantle, together with something of that authority which clothes "teacher." More results are, of course, won daily, than can ever be gained by reason or force alone; but it is to the winning personality especially that a troubled mother trusts her baby.

There are equal opportunities in social nursing for other qualities. Yet when all is said, these are only the individual ways of doing one's work, the fine personal method of execution. Beneath them, certain great common qualities are required, either gifts of nature or developed by the very necessity for exercising them.

Fundamental as these common qualities are, they must themselves be rooted in previous hospital training. Ideally, this should be taken in great city hospitals where high standards of technique are maintained, where there is a very large number of beds, and where an infinite variety of cases is received. For the visiting nurse, especially, ought to be equipped with as wide an experience as possible in the treatment of disease. She, more than any other nurse, will time and again stand alone in emergencies in which her confidence must amount to assurance, and lead to instant action. It would be well for her also, to have given bedside care to many patients from poor and crowded and foreign quarters of a city. The visiting nurse needs every possible opportunity of learning to understand the characteristics of other nationalities than her own—if not their language—and to begin to understand character as affected by poverty as well as by the bewildering conditions of life in American cities.

Such a fund of experience as a large general hospital can supply will stand her in good stead when she leaves the training school, skilled, practical, professional, to begin work as a visiting nurse on probation.

Heretofore the patient in a nice clean bed in a nice clean ward has been the sole object of her concern. Suddenly her new piece of work forces her to discover that

the home and family life of her patient are as important as his diet. The doctor has already diagnosed the disease, but she perceives, with a shock, that she must diagnose the whole situation. It is so obvious that bad drainage and the foul air in the crowded room are directly or indirectly responsible for the condition of her patient. It sweeps over her that she can never again be just a good bedside nurse, if she is to do this thing at all. The circumstances of her patients' lives will require her to be teacher, protector, helper.

Day after day in the hospital, the nurse in training learned to take orders. Here in the confused homes of her district, initiative is required of her. Plans must be made and gradually carried out, and the responsibility for them must rest upon her shoulders. The doctor will give her instruction in the care of the patient and perhaps advise her about the family. The superintendent in the Visiting Nurse Office will discuss with her all the possibilities of constructive relief and guide her decisions. But the nurse on the case, who knows the family, must inaugurate the series of endeavors designed to alter the conditions she found harmful.

At this stage in her experience, the new visiting nurse may feel that she is lost, and unfitted for the work she has chosen. Sometimes that is true. More often she finds herself in her work.

Her patients come to the rescue by living in her mind. It is not possible to leave Isidor and Ella, for example, to their respective fates. Isidor has given her his hand with grave courtesy each day that she has gone to his untidy home. He is twelve years old and was badly burned when he was a baby. He has never been well since then, nor properly fed in all his life. He must be visited at least until his mother learns to substitute oatmeal and milk for black coffee and bread. Ella is a pale little Slav who sleeps in a dark room with walls so damp one cannot strike a match on them. If her father is not persuaded to move soon, Ella will be an open case of tuber-

culosis before there is a vacancy for her at the Tent Colony. The house she lives in ought to be reported as dangerous.

The facts make an appeal that will not be denied and new powers of intimate helpfulness rise to meet them. The nurse who felt unequal to her day's work, learns to welcome it, in the spirit of those who have instinctively played Providence all their lives.

To bear just that part among "her families" becomes sooner or later the central purpose of the true visiting nurse. To care about doing it as if each of their problems were the only ones to be solved, is the guarantee of her real success. This is the core of the whole matter. "There are diversities of gifts, but the same spirit."

Work, conceived in this spirit, grows very strong. Between the lines in the reports of visiting nurses one may read each week that the worker has not spared herself; that she is never too busy to take the longest way around an obstacle if it is the surest way to get a real home for a child; that she cannot suffer an unfinished detail, because it may mean the failure of the whole plan; that she gets results because she "keeps on."

This suggests the development of a visiting nurse in the School of Experience. Very few nurses have been able, as yet, to get a systematic social training apart from the work that makes the training desirable. But we are on the threshold of a new era in this respect. The demand for nurses to fill important positions in social service of one form or another throughout the country has resulted in the beginning of collegiate social training for nurses. In a few years, at most, its influences will be felt in all the large groups of visiting nurses.

No doubt we shall then add other qualities of usefulness to the list of those we have found adapted to specialized service. We can guess at possibilities—of sharpened perceptions concerning the relation between social conditions and ill-health, of a new intelligence about our conglomerate city life—and we shall go out on the road to meet them.

We shall expect all the work of visiting nurses to begin on broader and more solid foundations. But even in that less experimental day, their best work will still be centered in the selfless enthusiasm created by the necessity for just what they can do.

News Notes



A Message From Ireland. Some weeks ago the Visiting Nurse Association of Cleveland received a letter from



Clandeboyne, Ireland, asking for photographs illustrating our work over here. The pictures were sent, and a few days ago a most delightful letter was received in which the writer says:



"I have had most successful slides made from the pictures and they will add enormously to the interest of the lectures I give. You are so far advanced in your district nursing organization that it is very instructive for

us to see what you are doing, and suggests many improvements that we could make over here."

It is very encouraging to receive such pleasant words from across the water, and we only wish that we could hear more of the work they are doing over there, so that we also might benefit on our side.

The accompanying pictures illustrate some of the features of Irish district nursing—the green lanes, and picturesque stone cottages; the wide stretches of moor and fen; while the uniform worn by district nurses on rainy days makes us realize how much wet and rainy weather they must have in order to feel the need of a special outfit.

Educative work is becoming more and more recognized as the function of the visiting nurse. In New Haven the Visiting Nurses' Association, in conjunction with the domestic science section of the Civic Federation, is trying the experiment of a visiting housewife who goes either with or under the direction of the nurses to do household service for which there is no other provision and to give instruction in the performance of these duties. In Columbus the nurses are holding mothers' classes in settlement houses four days in the week to give instruction in the diet and care babies should have.

The District Nursing Association of Buffalo, at its twenty-sixth annual meeting called attention to the fact that within a single year the Association has doubled its work. At present, with a staff of twenty nurses, the Association has eight nurses in the six districts of the city for the care of the sick and helpless, six nurses for work among tuberculosis patients, and one for carrying on preventive and curative work in tuberculosis classes for adults and children. The Association is also aiding the Day Camp, the Babies' Milk Dispensary, the Board of Health, and caring for contagious diseases. In addition it has recently established a social service department in the Buffalo General Hospital.

City Funds for Visiting Nursing. The Visiting Nurses' Association of Des Moines, Ia., has asked the city council for an appropriation of \$500.00 to carry on its work. The head of the department of public safety, to whom the matter was referred, has reported it favorably to the council. In Buffalo the Health Department has recommended that the city assume the support of the six visiting nurses detailed to tuberculosis work. In Akron, the city is already supporting two visiting nurses for general work.

Report of the School Nurse of Hoboken. An idea of the various diseases affecting children may be had from the report of the work of the school nurse of Hoboken, under the Robert L. Stevens fund for municipal research. Of sixty-nine children reported in one month, twenty-two had physical defects, as follows: Vision, fifteen; adenoids, three; granular eyelids, one; enlarged tonsils, one; defective vision and decayed teeth, one; defective vision and enlarged tonsils, one. Communicable eye and skin diseases among thirty different children, excluded from classes with few exceptions, were distributed as follows: Scabies, three; impetigo, three; pediculosis, thirteen; corneal ulcer, one; other diseases, eight. The remaining seventeen children were visited for various reasons, such as uncleanliness, earache, nervousness, suspected whooping cough, etc. Of the children excluded from classes on account of communicable skin diseases one-half were cured. Others continued under treatment. Without the school nurse, it is claimed, that from five to ten per cent of defective children receive attention. With the nurse over ninety per cent are given necessary treatment. It is stated by the Bureau of Municipal Research of New York that only ten out of forty states holding legislative sessions this year provide a square health deal for their children by medical examinations, visiting nurses, instructions to parents and proper treatment.

The Anti-Tuberculosis Association in East Greenwich is at the present time giving special attention to the sanitary condition of the school houses and the prevention of

disease among the children in the schools. The Visiting Nurse and Anti-Tuberculosis Association of East Greenwich and Apponaug, co-operating with the Rhode Island Anti-Tuberculosis Association, has recently made visits to the schools in the centre of the town, and on the basis of such visits has just presented to the Board of Education its report, calling attention to the need of better ventilation, increased cleanliness, medical and nursing supervision, etc.—Providence Bulletin.

Neighborhood Health Campaign. A novel and interesting experiment has been inaugurated in Cleveland this month, in the form of a small Health Exhibit to be shown for a week or ten days in each of ten neighborhoods. Twelve organizations having educational work either in the promotion of health or prevention of disease have formed a Co-operating Committee for a Neighborhood Health Campaign, which includes a series of talks in the languages of the several neighborhoods, on such vital subjects as are illustrated, chiefly by photographs, on the panels of the exhibit. As far as possible, the material contributed by the various organizations has been co-ordinated and the exhibit treated as a unit, though it ranges from the care of the baby to finding work under healthful conditions.

The co-operating organizations are:

The Anti-Tuberculosis League.

The Babies' Dispensary and Hospital.

The Board of Health of the City Department of Public Safety.

A Committee on Play and Recreation.

The Cleveland Maternity Dispensary Association.

The Consumers' League.

The Department of Medical Inspection of the Board of Education.

The Home Gardening Association.

The Maternity Dispensary of Lakeside Hospital and Western Reserve University.

Rainbow Cottage.

The Society for Promoting the Interests of the Blind.
The Visiting Nurse Association.

In the Haymarket District in Cleveland a committee has been formed of all social workers and organizations represented in this district for the purpose of improving the neighborhood and stirring up the people to desire better living and housing conditions. The committee includes the school doctor, the school, tuberculosis, Babies' Dispensary and district nurses, the principals of two schools, the Associated Charities agent, the truant officer, the tuberculosis doctor and the workers in the Central Friendly Inn Settlement. The first work to be undertaken is a general spring house-cleaning of homes, yards, streets and alleys. The city has promised to collect all the refuse. They have secured the co-operation of Louise Klein Miller in the hope of establishing a neighborhood garden and creating an interest in home gardens. A movement for a city playground is also one of the ambitions of the committee.

The Babies' Dispensary and Hospital of Cleveland has undertaken, beginning with March 1, 1911, to care for all eye cases in babies under three years of age, which are to be referred to it by the Board of Health and all organizations caring for babies. The Dispensary furnishes one nurse who takes entire care of all these cases, working with private physicians as well as with the Dispensary. The work has proved so heavy, however, that an additional nurse has been called for. The Board of Health has undertaken the support of this nurse.

In Connection With the Midwife Investigation in Cleveland, reported in the January number of the Quarterly, we are glad to note that the nurse who carried on this work has been authorized by the State Medical Board to investigate any cases of alleged practice of midwifery that may come to her attention, and, if she has any knowledge of a violation of the law, to report it to this Board that they may institute proceedings.

The Royal Edward Institute of Montreal, an organization for the study, prevention and care of tuberculosis, reports that for the year 1910 there were 1,221 patients on their books with 6,004 consultations. For the month of January, this year, there were 374 patients and 744 consultations. These patients were supplied with 1,434 quarts of milk, 106 dozen eggs, 481 cups of soup, besides 378 visits from the nurses and money for rents in destitute cases.

Stories told by the Nurses

A School Story

BY GRACE B. COOK

"Tonsils, Adenoids, Notification," said the big school doctor as, with wooden tongue depressor in hand, he turned to the nurse, who sat at the desk, tabulating results of the examinations of the children.

"Just look at this throat; why, the tonsils fairly overlap each other," he said.

"Yes, I know," replied the nurse. "That is the child the Chief Inspector pointed out last week as a typical case—but Clementina is from the Steamer Room and you know how difficult it is to persuade these foreign parents to have anything done in the line of an operation. But we'll see what we can do."

Clementina, the child under consideration, listened attentively although she understood but little English. Her ill-formed mouth, protruding teeth and half developed chin were mute evidence of neglected surgical attention. The teacher's statement was that Clementina was eleven years old, Italian, three months in this country, was restless, inattentive, and hard to manage.

That afternoon, after school was dismissed, Clementina and Rosie, a neighbor's girl who was to translate, waited in the dispensary while the nurse put away salves and instruments, basins and solutions that had been used in the clinic.

"Now we are ready," said the nurse, and with a child on each side, she passed out into the street.

"Tell Clementina," began the nurse, making her statement as simple as possible, "that she has big tonsils that ought to come out." Rosie translated and Clementina made a somewhat lengthy reply in Italian. "She says Italian doctor in old country told her mother something," said

Rosie turning to the nurse. And the nurse was glad, for she saw a lever in this statement that would help remove the suspicions and fears usually encompassing a question of this kind.

They crossed the busy thoroughfare, dodging trucks and street cars, automobiles and pedestrians. "I live here," announced Clementina, in her broken English, as they approached a bare brick tenement house. Into a dingy hall, dimly lighted by the late winter sunshine filtering through smoke-begrimed skylights, they passed up long flights of unscrubbed stairways. The numbers on the doors were indiscernable in the dim light, but Clementina paused at the first door on the left of the fourth floor. She opened the door without ceremony and passed into a room poorly lighted, and scantily furnished but very clean. A troop of children from an adjoining room stamped noisily over the bare floor, shouting, "The nurse! the nurse!"

A little gray-haired grandmother, with gay-colored handkerchief crossed primly on her breast, took her hands from the wash-tub, wiped them hastily on her apron, and advanced with proffered chair, to greet the nurse. Rosie, in voluble Italian, lost no time in making clear the visitor's mission. When she had finished, the grandmother nodded grandly and then with a shrug and a sentence shook her head. "She says that they have no money," explained Rosie, "her daughter works in the shop and her husband has had no work this winter and they have many children as you see." Then the nurse explained how, in a dispensary only a short distance away, the doctor will put Clementina to sleep and that when she awakens the tonsils will be out and that Clementina and the grandmother can come home in a short time. Rosie translates and the grandmother says, "All right." A definite time is set and directions are given as to preparation on the day of operation.

Saturday morning, the nurse again visits the Italian family on the fourth floor of the tall brick tenement; for the day before, Clementina and her grandmother had

bravely and successfully undergone the ordeal at the dispensary and the nurse was taking ice cream to cool Clementina's parched and aching throat. The child had previously assured the nurse that she was very fond of ice cream, but that she did not know it was good to eat in the winter time. This time the nurse was led through two dark bed rooms, into a fairly well lighted room facing the street. A table, a chair and two beds filled nearly the entire space. Upon one of the beds lay Clementina sound asleep. Before the nurse could prevent, one of the children had pounced upon the sleeping child and was shaking her violently. "Wake up," he cried, "ice cream!" And while one of the children was getting a spoon the little grandmother placed a chair beside Clementina, for the nurse, and began speaking rapidly in her native tongue. The nurse shook her head and smiled. "I don't understand," she said. The grandmother threw out her hands despairingly, almost tragically. "She says that she is so mad to think that she can't talk English with you," volunteered a child who had come from an adjoining suite and had entered the circle, and then the little grandmother and the nurse laughed together.

"I got big tonsils," said Paulina, insinuatingly. "Me too," cried Josephine. "Me, too," cried Tony. "You take me next time," begged Paulina. "Then me," chorused Josephine and Tony. The nurse smiled. It was a new experience to have children beg to have their tonsils removed. Perhaps they all love ice cream, she mused. "Next Friday me?" questioned Paulina. "We'll see what the doctor thinks," parried the nurse.

It is now a month since Clementina went to the dispensary, and her teacher gives enthusiastic reports as to her progress in school. "She acts like a different girl," the teacher says, "and does her work easily." Clementina herself, smilingly asserts, "I learn English much better now."

Hidden Treasures

By B. A. S

My introduction to the family possessing these treasures came one bleak day in autumn. Little Hilda met me on the street and begged me, "Will you please come by us—my fadder has such a sickness." I finally found the number of the house, and came to the right "yard." No one can appreciate just what that word means unless he has lived in the tenement district. A "yard" may mean a door step, or it may mean a narrow dark foot path, as in this case, leading from the front to the back of a wooden tenement.

"Is your mother at home?" I asked of the child. "Sure she is," leading the way to a closed door, which she opened as though we were entering a beautiful room, a room in which one might expect to find great treasures!

I walked in and—Oh! such filth! In the middle of the room was a wash-tub set upon two broken chairs and over this bent a large figure. "This is mine mutter," said my little guide, with as much pride as though she were presenting a queen—and perhaps she was. Mrs. R—— became greatly embarrassed and explained she "had no time to clean up." "Ach! get for de nois a chair, mine darlink." Alas!—the wash-tub occupied the only chairs. "Never mind, Hilda, I like to stand." I wanted to collect myself and learn the history of my friends.

Under the table was a youngster of three years, near the stove a beautiful little girl about one and one-half years old, and in a clothes basket, sound asleep, lay a dear baby about two weeks old. After looking me over, the two on the floor decided to come nearer, and were soon at my feet. "How many children have you?" I asked. "Nine here und two in de grave. Oh! such a many kinder, such troubles, too many kinder!" "They are very beautiful and I'm sure you wouldn't part with one—how many go to school?" "Four go by the school und meine Rosie works by the candy factory, Abey works by a cloak and suit factory, and Mosey hustles down

town—but they no get much—my Mosey he is von goot boy—every time when he get his money he bring it home and he say, ‘Here ma—go buy eats.’” There was such an air of poverty and distress, I wondered just what next to say. “Your husband—is he—away?” “Ach! vell no—dere he iss,” pointing into the next room which was forbidding enough. I turned with a start, and saw a nice looking man lying on an improvised couch; he was pale and seemed asleep. “Is he ill?” I ventured to ask. Here she wiped the soap suds from her arms and came nearer. “You are mine friendt—yes? Then will I tell you a story.” I assured her I was a friend and she told me the following tale—I balancing myself on the corner of a table while she sat near on an upturned bucket.

“Many years ago I live by Russia, he live there too—vell von day he see me und tinks to love mit me. (Here a faint flush stole over the worn cheeks.) Five months they go by und den ve are married by each other—Ach! he was so fine like anyting—so big—and nice in the face. He voik every day und I stay by the house und von day my baby came—mine Abie, so big he iss now.” I saw she was quite unconscious of me, for she was living over again her youth—I could read that in her eyes and voice. “Vell, we live mit Russia von long time! So happy ve was! Then I haff two more babies, von baby he die, the other is mein Rosie. Every day when my man he come home, he smile—but von day he come und he no smile. I whisper to him, ‘was ist?’ und he tell me there was von big trouble all over Russia, und he could no more voik. Ve vait und vait, days, months—maybe a year, I not know. Von day mine man, he come in und say, ‘I go to America, it iss von fine country, much voik, much gold!’ So mine friendt, in von veek ve sell our little home und things und ve come to America. Ve go to Canada und live there, und then the troubles they come fast. Ve haff so many kinder, but my man he voik hard und ve never hungry. Von night he come home und go to bed—in the morning he say, ‘Mein Gott! Beckie! I no can see!’ I

look at him, his eyes open wide, but he no could see. He get up und one of the kinder take him to his work, but the man, the boss, he say, 'go home, me no vant blind mans'—so he come back, und he no could find work. But in the drawer, we haff little money save. Von day, I hear of woman who live in the voods, she say she can make mine man to see, so I take him by her—she dance, she sing, und she take much money—but the next day, my man the same—no see!

"Then I hear that in another part grew some leaves—and if you fixed them und put them on the eyes, then the blind, they see for sure. So we leave our little house und we pay much money to go to this vonderful place, und every day I was to fix the leaves und every morning my man he no see. Then ve haff much trouble for sure—ve no haff money, no haff house, no haff work—so ve come to Cleveland by mine brudder.

"Mine man he feel so sorry he no can work—many times he cry like this baby," pointing to the clothes basket. "He is von goot man—he takes care of the baby und combs the children's hair for the school, but he no can walk around. Believe me, my friendt, I am sorry in the heart for all these troubles!"

This heart was opened to me, there were treasures! There was the mother love, and the beautiful love of a wife for her husband, and safely hidden were the memories of her girlhood days. Happy memories of better days, when she and he were young, and the world seemed all sunshine and full of gold! Was not this faithful wife and mother, after all, a queen? No wonder the child felt great pride as she told me, "This is mine mudder."

There was little for me to say at this time, more than to suggest the possibilities of the blind pension and encourage the good woman. I felt her soul was so much deeper than mine and her heart so much fuller that I had to think, to have time to recover myself, to come back to Cleveland—for indeed I had been in another land for some moments. I bade my new friends good bye, promis-

ing to call again in the near future, to see what we might add to her storehouse of treasures and pleasant memories. Thus far I felt I had received more than I had given. I had forgotten the wash-tub, the broken chairs and the general desolation, during my visit to Memories Garden.

"Out on Parole"

MARY S. WILLINGALE

"Out on parole" and home again—to what? I will tell you. Three wretched, squalid rooms in the rear of a home such as the south side of our city can show. A tired, querulous wife, seven children under ten years of age—think of it—seven little mouths to feed with the bread of charity. Day after day the weary search for the elusive "job," and now, worst of all, the little five-year-old Billy, who looks like father, has father's name and is father's particular joy, is ill, very ill, with a fever which will not stay down, and a cough which gets more and more insistent.

It is father, the man "out on parole," who remembers when to give the three-hourly medicine, and gives it—father who found the lovely shiny ring that fits the little finger exactly and is such a comfort to a little boy who is ill and has to stay in bed—father who knows the coolest place in all the three hot rooms where the cherished ice cream will keep the longest time, and who gives "just one teaspoonful" at the right interval—and father whose arms are so strong, and can hold a little boy so nicely while the bed is being made after the much-dreaded cold sponge.

What do you say, my friends—you who are warm and comfortable and well nourished—to keep the parole under such conditions, is it not worth at least a "job?" And what do you say, most excellent gentlemen, you who understand so well the temporary help of the comforting, bracing "drink" that tides over the moment of

disappointment and discouragement, if the parole is not kept—if, under such conditions, the parole were broken—what would you say?

The True and Unabridged History of the Wiggley Fish

MARY S. WILLINGALE

My first acquaintance with the Wiggley Fish was in New York City where his many charms were being exhibited by a nasal-voiced street vender to the tune of "only ten cents, ladies and gentlemen, only ten cents!" He was a paste board hero, but very beautiful withal and of a scaliness and a wiggleness calculated to delight the soul of even a grown-up; and, furthermore, there was a bit of string cleverly arranged from his head to his tail, which, when properly manipulated enhanced his beauty and squirminess to a really fascinating degree. Altogether, I at once recognized in him a creature of great personal attraction as well as of marked destiny. In a moment he was mine and I carried him away with the comfortable realization that I had reached the end of my search for a nice joke-present for the bachelor person who had made a statement to the effect that he was "giving no Christmas presents to anybody—wanted nobody to give him anything, and hated Christmas anyway." Therefore in due course of time the Wiggley Fish was presented and received with mock gravity and appreciation by the bachelor person himself, and with unmitigated delight by the bachelor's juvenile friends and relatives; but, needless to say, when the inevitable end-of-the-holidays decampment came to pass, Wiggley Fish was scornfully and basely left behind. This treachery, being discovered some two weeks later by one of the juvenile relatives, was promptly acted upon and our Wiggley friend forwarded by express. To tell the truth, I received him with real joy and even the bachelor person

smiled a welcome as he laid him quite tenderly on top of a morocco bound folio entitled, "L'Edifices de Rome Moderne," which I knew to be a place of high honor. This serene and peaceful existence, however, was not to last long, and very soon our Wiggley Fish was destined to set out on a new and strange journey.

In the course of the day's work it became necessary to send Jimmie O'Rourke to the hospital and it was the nurse's lot in life to see that he went. Now, Jimmie did not want to go to the hospital—in fact, was quite determined not to go—and Jimmie was eight and strong for his age as I knew. What was to be done? I decided quickly to descend at once to bribery, the lowest order of persuasion, the moralists tell us—but what could one do? Our Wiggley Fish came to my mind like an inspiration and with a hasty but graphic description of his glories, I waited only to see Jimmie's eyes widen with the proper interest, and I was off, never stopping until the Wiggley Fish was in my hands and I was again at the home of Jimmie on Burwell avenue, arriving just as the ambulance reached the door. In a moment Jimmie was completely won and allowed himself to be buttoned into his clothes, led downstairs, and lifted into the waiting ambulance.

You can imagine with what a sigh of relief I closed the door and I hope I shall be forgiven an unprofessional giggle as I caught a last glimpse of Jimmie clutching with both hands the outside of his overcoat pocket, from the top of which dangled a scaley tail.

Angelina

BY FRANCES BROWNE

Angelina is a pretty, dark-eyed, black-haired, Italian girl. As she talks to you, sitting in her clean little kitchen, you think her an unusually attractive, strong, and happy, but when she stands up and tries to walk, oh dear! you want to close your eyes, you feel so very sorry for her.

She is eighteen years old now, but it began when she was a little baby. They noticed that she was not just like the other children, and when she began to try to walk, they knew there was something very, very wrong, and although they went to many different doctors who gave their many different remedies, there seemed to be no one who could help her or make the little back straight.

So Angie grew up—strong and full of spirit but unable to walk. After a while someone found her and she was sent to the Cripple School in the big wagon that came for the children in the morning and brought them home at night—here they taught her to walk with crutches and later she went to the neighborhood school, but only as far as the fifth grade—and then she did not go any more—because—well, the boys sometimes called her names and she was getting big and she was ashamed. So she stayed home and settled down into a sort of household drudge. They are not poor people—in fact they are considered well-to-do by the people around, for they own their house and a bakery where they make Italian bread for the neighborhood.

While the mother and father bake bread in the big brick oven in the yard and the brother goes to work in the shop, the younger children go to school, and the older sister, who has never been strong, sits in the sun and makes lace—Angie works from early morning until night, over huge tubs of steaming clothes and down on the white board floors of the kitchen and bedrooms—to be sure she has to drag herself around by means of the chair, but then—she is strong and the rest are busy!

She is for the most part cheerful. Of course, she gets very tired, but what can she do? She is sorry for her mother, and her sister can't put her hands in water, and she really believes she feels stronger since she has been doing so much washing.

She never goes out of the house. She has never even been up over the hill where there are trees and some green fields and where the people go to take air—nor has

she had a glimpse of the lake such a short distance away.

She has never seen any of the wonders of the big city in which she lives and does not even know what the inside of the church, which she can see from her kitchen window, is like. She could walk with the help of her crutches, but she is ashamed and then she thinks it is best for her to stay always in the house. Once the family next door had a "lattesimo" and invited her. She went, but when she saw all the people her head swam and she was sick for a week afterward.

And then on Sundays, when the work is done, she puts on her best dress and sits with her mother and sister on the sidewalk in front of the bakery and watches the people go by.

She says she will never marry, because her brother says she must always stay by him. "But," she said, "a fellow wanted me—Lurgi—you know Lurgi—he is the brother-in-law of Peppina—he used to come here to see my brother and he saw what a good worker I was, and about a month ago he sent his father to ask my mother for me. She didn't tell me until yesterday, but I don't care, I don't want him because he is lame and I wouldn't want to marry a cripple, and anyway, my brother says I must always stay by him."

And so Angie works, while the mother bakes and the sister sits in the sun and makes lace and the children go to school, and on Sunday they all dress up and sit out on the sidewalk and watch the people go by—and the big world outside goes on just the same.

A Word to the Associate Members of Cleveland's Visiting Nurse Association

Originally our Quarterly was intended as a letter to our associate members, but policy and method alike have changed in the course of the last two years. However, we would very much like to revert to our early beginning just long enough to tell the associate members of the Cleveland organization, how greatly their generosity has been valued and how deeply the Association appreciates their moral and material support of visiting nurse service in this city.

In Memory of Dr. Edward Fitch Cushing

The Cleveland Visiting Nurse Association sustains a very grievous loss in the death of Dr. Edward Fitch Cushing.

When the Association was first formed Dr. Cushing inspired the small group of people who established this work, with ideals which have been of permanent value and have constantly proved their worth.

He was at all times ready to befriend the interests of the Association and to counsel its directors, and he spared neither time nor thought in helping solve the problems attendant upon its growth and development.

Besides the general sense of sorrow felt by the Board of Trustees and Staff there is an intimate personal sense of bereavement on the part of its members as individuals, which shows as nothing else could, how intimately his personality had become associated with the work, and how familiar the thought of his counsel had become.

The Quarterly also wishes to express its sorrow. In Dr. Cushing it has lost a friend who has given it every mark of true appreciation and encouragement and who also has, from the first, stood foremost among those who have urged upon it a patient and persistent effort toward the realization of its ideals.

THE Visiting Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and
dealing with the many phases of the Nurse's work
in the Districts, in the Anti-Tuberculosis
Crusade, in the fight against Infant
Mortality, and in other Social
and Medical Activities.

Published in January, April, July and October,
by the VISITING NURSE ASSOCIATION,
501 St. Clair Avenue,
Cleveland, O.

Editorial Staff

MISS ANNIE M. BRAINARD, *Managing Editor*

MISS ELLA P. CRANDALL

MISS MARY NEWBERRY

MISS EDNA FOLEY

MISS ADELAIDE NUTTING

MISS MATILDA JOHNSON

MISS MILDRED PALMER

MISS ELLEN KERSHAW

MISS MARY SANDERS

MRS. J. H. LOWMAN

MRS. CHARLES F. THWING

MRS. MALCOLM MCBRIDE

MISS LEONA WAGAR

Subscription Price 50c—Single Copies 15c.

Advertising Rates may be had upon application.

All remittances should be made payable to the Visiting
Nurse Association.

Entered as second class matter, June 23rd, 1909, at Cleveland, Ohio, under Act of March
3rd, 1869.



WAITING ROOM BABIES' DISPENSARY, CLEVELAND
They went into a big room where lots of little babies were sitting in their mothers' laps.—Pages 78-79.